

## **CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED 11/14/05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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14	1					
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40	1					
41	1					
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50						
Total Indep	2					
Total Depend	26					
Total Claims	28					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						